



# Commonwealth of Massachusetts

Military Records Branch

P.O. Box 309

Milford, MA 01757

## REQUEST FOR MILITARY RECORDS FORM

### SERVICE MEMBER INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security# \_\_\_\_\_ and/or Service Number: \_\_\_\_\_

Date of Service - FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ (Circle One) Enlisted or Commissioned

Records/Documents Needed: \_\_\_\_\_

### REQUESTER: (Check One)

☐ Self/Military Service Member ☐ Next of Kin ☐ Vet Agent ☐ VA ☐ Funeral Home

\* Copy of Death Certificate required  
with request

☐ Other: \_\_\_\_\_

\*\* If you are a Power of Attorney for service member, POA documents required with request

*I declare (or certify, verify or state) under penalty of perjury under the laws of the United States of America that the information contained in this section is true and correct.*

Name (Please print clearly) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

### PREFERRED METHOD OF RECEIPT:

☐ Fax ☐ Email ☐ US Mail Address \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City/Town) (State) MA (Zip Code)

**Please send this request to:**  
Commonwealth of Massachusetts

Military Records Branch  
P.O. Box 309  
Milford, MA 01757  
Attn: Mike P.

**(OR): FAX to (508) 422-1997**

**NOTE:** If you require a "certified" copy of your records, it is necessary to provide a US mailing address as certified copies cannot be sent via fax or electronic mail.